

## WORKERS' COMPENSATION DECLARATION

76A641T  
CE 807 (REV. 2-80)

## APPLICATION FOR GRADING PERMIT

5

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. \_\_\_\_\_ Company \_\_\_\_\_

☐ Certified copy is hereby furnished.

☒ Certified copy is filed with the county building inspection department.
Date 5-18-92 Applicant M. S. H.

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 454285 Lic. Class B-1Contractor M. S. H. Date 5-18-92
☐ I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. \_\_\_\_\_ Date \_\_\_\_\_

## HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Permittee M. S. H.Date 5-18-92

FOR APPLICANT TO FILL IN		SITE ADDRESS <u>29108 BORG DR.</u>	
SITE ADDRESS <u>29108 BORG DR.</u>		LOCALITY <u>Malibu Lake</u>	
LOT NUMBERS <u>36, 37, 38</u> BLOCK _____		NEAREST CROSS STREET <u>Coyote / Seminole</u>	
TRACT NUMBER <u>9826</u>		DISTRICT NO. <u>9.1</u> MAP NO. <u>150.037</u> STATE HWY. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/> PROCESSED BY <u>GMK</u>	
OWNER <u>Michael Hagen</u>		CUBIC YDS. HANDLED: <u>0</u>	
MAIL ADDRESS <u>29144 Borg Dr.</u>		USE ZONE _____ SPECIAL CONDITIONS _____	
CITY <u>AGOURA</u> TEL. NO. <u>818-809-0997</u>		FINAL DATE _____ BY _____	
ENGINEER _____ STATE REG. NO. _____			
MAIL ADDRESS _____			
CITY _____ TEL. NO. _____			
GRADING CONTRACTOR _____ TEL. NO. _____			
ADDRESS _____			
PROPOSED USE OF GRADED SITE(S)			
<u>Res. Driv. CS - Grading 15' &amp; 4'</u>			
<u>Block Placement &amp; Concrete diversion</u>			
<u>Headwall - Erosion Protection of drainage course.</u>			
CHECK IF SUPERVISED GRADING <input type="checkbox"/>			
SIGNATURE OF APPLICANT <u>M. S. H.</u>			
ADDRESS <u>29144 Borg</u> TEL. NO. <u>818-809-0997</u>			
SURETY \$ BOND _____		BOND NO. _____	
SURETY COMPANY _____			
DATE FILED _____		REC'D BY _____	
CASH DEPOSIT \$ _____		REC'D BY _____ DATE FILED _____	
THIS IS A LIMITED TIME PERMIT			
ALL WORK AUTHORIZED MUST BE COMPLETED BY _____			
TIME LIMIT: _____			
EXTENDED TO: _____		BY: _____	
EXTENDED TO: _____		BY: _____	
P.C. Fee \$ <u>228.-</u>		Permit Fee <u>191.50</u>	
		Issuance Fee <u>16.50</u>	
		Total Fee <u>207.00</u>	

TEMPORARY FILE COPY

VALIDATION  
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6909  
05-18-92  
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SEE REVERSE FOR EXPLANATORY LANGUAGE